



**Alameda County Sheriff's Office**  
Gregory J. Ahern, Sheriff / Coroner  
Coroner's Bureau, 480 4th Street, Oakland, CA 94607-3829  
(510) 268-7300 / (510) 268-7333 (fax)

**Coroner Investigator's Report**

<b>CALL INFO</b>	NAME OF DECEASED (LAST, FIRST MIDDLE) <b>CHAU, Duoc Van</b>				TENTATIVE ID <input type="checkbox"/>	UNIDENTIFIED <input type="checkbox"/>	CASE NUMBER <b>2014-01659</b>	
	REPORTED BY <b>P. KENNEDY</b>		REPORTED BY PHONE NO. <b>(510) 667-3646</b>		REPORTING AGENCY <b>Alameda County Sheriff's Office-ETS</b>			REFERENCE NUMBER <b>14-009668</b>
	INVESTIGATOR <b>Alexander Valentine</b>		CALL DATE AND TIME <b>6/3/2014 18:22</b>		CASE TYPE <b>Removal Case</b>			
<b>DECEDENT</b>	DATE AND TIME OF DEATH <b>6/3/2014 18:14</b>		DATE OF BIRTH <b>11/21/1975</b>	AGE <b>38 Years</b>	GENDER <b>Male</b>	RACE <b>Vietnamese</b>	MARITAL STATUS <b>Never Married</b>	VET? <input type="checkbox"/>
	HGT <b>61</b>	WGT <b>130</b>	EYE COLOR <b>Brown</b>	HAIR COLOR <b>Black</b>	OCCUPATION		EMPLOYER	
	<b>Preliminary Summary</b>							
<b>DEATH</b>	LOCATION OF DEATH <b>Alta Bates Summit Medical Center - Summit Campus</b>						LOD TYPE <b>Hospital - ER/OP</b>	
	ADDRESS (STREET, CITY, STATE, ZIP) <b>350 Hawthorne Avenue Oakland CA 94609</b>						COUNTY <b>Alameda</b>	
	Manner <b>Suicide</b>			Death Certificate Signed By:				
	Cause A <b>HANGING</b>						Interval <b>Minutes</b>	
	Cause B						Interval	
	Cause C						Interval	
	Cause D						Interval	
Other Significant Conditions								
<b>NOTIFICATION</b>	LEGAL NEXT OF KIN <div style="background-color: black; width: 100px; height: 15px;"></div>			RELATIONSHIP <div style="background-color: black; width: 100px; height: 15px;"></div>		TELEPHONE NO.		
	NOTIFIED BY			METHOD		DATE AND TIME		
	IDENTIFICATION METHOD <b>Other</b>			DATE AND TIME <b>6/3/2014 18:14</b>				
<b>INCIDENT</b>	LOCATION OF INCIDENT <b>Glenn Dyer Jail</b>						AT WORK <input type="checkbox"/>	
	ADDRESS (STREET, CITY, STATE, ZIP) <b>2145 Lincoln Street Alameda CA 94501</b>						COUNTY <b>Alameda</b>	
	DATE AND TIME OF INCIDENT <b>6/3/2014 16:40</b>							
	INVESTIGATING AGENCY <b>Alameda County Sheriff's Office-ETS</b>			INV AGENCY PHONE NUMBER		OFFICER <b>AaronINNS</b>		
<b>DISP</b>	FUNERAL HOME <b>Grant Miller-John Cox Mortuary</b>				BODY RELEASED TO FUNERAL HOME ON <b>6/5/2014 14:30</b>			
	Full Autopsy <input checked="" type="checkbox"/> Partial Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Record Review <input type="checkbox"/> Inspection w/Specimen <input type="checkbox"/>				EXAM BY <b>Judy Melinek</b>			



1

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### Investigator Narrative

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**Decedent:** CHAU, Duoc Van  
**Case Number:** 2014-01659  
**Investigator:** Alexander Valentine

**First Call Information:**

On Tuesday, June 3, 2014, about 1822 hours, Deputy Mandy MONAGHAN #1661 received a call from Alameda County Sheriff's Sergeant P. KENNEDY to report the death of Duoc CHAU. Sergeant KENNEDY reported the following: CHAU was transferred to Glenn E. Dyer Detention Facility (GEDDF), in Oakland, from Santa Rita Jail at 1200 hours and was being held in Intake Transfer and Release (ITR) while awaiting housing assignment. At about 1640 hours Deputy D. INNS #2135 found CHAU in Holding Cell F hanging by a county issued t-shirt. CHAU was an Administrative Segregation (Ad-Seg) inmate and was in cell F by himself. Corizon medical staff arrived at the cell and performed life saving measure. Corizon recovered a faint pulse and CHAU was transported by Paramedics Plus to Alta Bates Medical Center – Summit Campus (Alta Bates). Death was pronounced in the Emergency Room, at 1814 hours, by Doctor Keala LANDRY. (V3824)

**Medical Summary:**

On Tuesday, June 3, 2014, I received and reviewed copies of medical records from Alta Bates and the Paramedics Plus report. The Alta Bates medical record indicated CHAU arrived at 1728 hours with Paramedics Plus performing CPR. At 1730 hours, CHAU had a pulse and was breathing. At 1738 hours, CHAU's pulse stopped and CPR was started again. At 1744 hours, CHAU had a faint pulse again, but CPR was continued. CHAU's pulse ultimately stopped and death was pronounced at 1814 hours. (V3824)

About 2130 hours, I received copies of CHAU's Corizon Health Services medical records. I reviewed the medical records, and I found CHAU had [REDACTED]. There is nothing else of note in the medical records. (V3824)

**Description of the Death/ Injury Scene:**

CHAU died at Alta Bates in the emergency room. (V3824)

**Body Identification:**

I identified CHAU by his hospital wrist band and jail issued identification wrist band. (V3824)

I recovered CHAU's property from Sergeant KENNEDY at GEDDF. I located CHAU's California Driver License and presumptively identified CHAU based on the photograph and physical description located on the license. (V3824)

On Thursday, June 5, 2014, I (Sgt. GRAVES) received a fax from the Central Identification Bureau (CIB) confirming the identity of the decedent. Fingerprints provided by the Coroner's Bureau yielded a positive hit to fingerprints on file associated with Person File Number (PFN) [REDACTED] the CORPUS name associated with this PFN is Duoc Van CHAU. His date of birth was 11/21/1975. CHAU has been positively identified by CIB through fingerprint comparison. (PRG#1660)



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**Next of Kin Investigation:**

I (VALENTINE) located CHAU's vehicle registration in his property. Sergeant KENNEDY printed out copies of visiting records for CHAU. The visiting records show a [REDACTED] visited CHAU on Friday, May 23, 2014 and lived at the same address listed on CHAU's vehicle registration. (V3824)

According to [REDACTED] CHAU was never married, but had a [REDACTED] daughter who lived in [REDACTED]. CHAU's father, [REDACTED], was still alive but also lived in [REDACTED]. This makes CHAU's father, [REDACTED] legal next of kin. (V3824)

**Other Agency Reports:**

Deputy INNS wrote Alameda County Sheriff's Office report #14-009668. I received a copy of the report, reviewed it, and found it consistent with the information provided to me by Deputy INNS. I added the report to the case file. (V3824)

**Property and Evidence:**

On Tuesday, June 3, 2014, about 1945 hours, I issued property receipt # 34875 to Alta Bates Nurse COPARALI for four vials of CHAU'S admit blood. (V3824)

About 1958 hours, I issued property receipt # 34874 to Deputy POESDEL and Alta Bates Nurse Jennifer DONOVAN for CHAU and the clothing he was wearing when brought to Alta Bates emergency room.

About 2125 hours, I issued property receipt # 34876 to Deputy INNS for CHAU'S property, money, and the ligature. (V3824)

On Thursday, June 12, 2014, about 1138 hours, CHAU's property was released to Darren CARTER, a representative from Grant Miller-John Cox Mortuary. The release was authorized by [REDACTED] via a signed consent form. The release was processed by Technician BENDER #285. (V3824)

**Coroners Fees:**

On Tuesday, June 3, 2014, I spoke with [REDACTED]. I explained the Coroner's involvement and all associated fees, including possible storage fees. Coroner's fees total \$321 dollars for body preparation and removal. (V3824)

**Other Investigative Details/ Supplemental Information:**

On Tuesday, June 3, 2014, about 1923 hours, Deputy MONAGHAN and I arrived at Alta Bates. We were met by Deputy POSEDEL who led us to CHAU. CHAU was in Alta Bates' emergency room. I saw CHAU was located under hospital blankets. I removed the hospital blankets. I saw CHAU was lying on his back and had medical therapy still in place. CHAU had indentations on the center of his chest consistent with the use of a Lucas device. I saw what appeared to be vomit in CHAU's nose and coming out of his mouth. I saw vomit on the hospital bed and on both sides of CHAU's head. Nurse DONOVAN explained they had suctioned the entire contents of CHAU's stomach. I recovered four vials of CHAU's admit blood from the Alta Bates laboratories. (V3824)

We placed CHAU on a gurney and we secured him in a Coroner's van for transportation to the Coroner's Bureau. (V3824)



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About 2030 hours, Deputy MONAGHAN and I arrived at the GEDDF and spoke with Deputy INNS. Deputy INNS reported the following: He was walking by holding cell F and saw an inmate later identified as CHAU, hanging from a green county issued t-shirt. The t-shirt was wrapped through the grate that covered the window opening. The opening was commonly used for handing inmates clothing. The t-shirt was tied roughly six feet high. Including the knot the t-shirt was just big enough for CHAU to fit his head through the ligature opening. CHAU's heels were touching the ground; his hands were blue and his face was pale but not blue. Deputy INNS picked CHAU up and slid his head out of the ligature. Deputy INNS placed CHAU on the ground and attempted to find a pulse on CHAU's wrist without success. Corizon Health Services staff started CPR and recovered a faint pulse. EMS was summoned and Paramedics Plus transported CHAU to Alta Bates Hospital. (V3824)

Deputy INNS spoke with inmate [REDACTED] who explained around 1600 hours, he was speaking with CHAU through the wall and asking CHAU about himself. CHAU did not seem happy, sad, or anything else. CHAU was speaking broken but intelligible English at this point. [REDACTED] asked CHAU about his charges. CHAU said he could not speak English and stopped talking to [REDACTED]. About twenty five minutes later, [REDACTED] heard a deputy yelling for a nurse. (V3824)

I received copies of CHAU's visiting record, movement history, an up to date and signed general observation log, a Consolidated Records Information Management Systems (CRIMS) print out, classification printout, and a disciplinary record printout. (V3824)

According to these records, CHAU was booked into Santa Rita Jail on Wednesday, April 9, 2014 for [REDACTED]. CHAU was classified in Ad-Seg and housed in Housing Unit 8. CHAU had court dates on April 10, 2014 and April 11, 2014 and a video interview on April 25, 2014. CHAU had visits from [REDACTED]. The most recent visit was from [REDACTED] on May 23, 2014. CHAU had no disciplinary history. On June 3, 2014, CHAU [REDACTED]. Due to CHAU's classification, he was placed into holding cell F by himself. CHAU was not on any special observation requirements nor had he been in any uses of force or attacks on staff. (V3824)

CHAU had a number of pieces of perishable property and jail issued items. All property items that could not be stored at the Coroner's Bureau or were issued by GEDDF were left at GEDDF to be disposed. (V3824)

About 2210 hours, Deputy MONAGHAN and I arrived at the address given for [REDACTED] and listed on CHAU's vehicle registration and driver license. We located [REDACTED] at the house, and she told me CHAU was never married and [REDACTED] and CHAU were dating. [REDACTED] explained CHAU's daughter and father, [REDACTED] lived in [REDACTED]. [REDACTED] gave me a phone number and address for [REDACTED] but said [REDACTED] did not speak English. [REDACTED] said she would attempt to contact and notify [REDACTED] of CHAU's death. [REDACTED] did not believe [REDACTED] would take care of funeral arrangements, so I explained the process for releasing funeral arrangements to another party. [REDACTED] also explained she had gone and visited CHAU on May 23, 2014. CHAU told her, [REDACTED].

[REDACTED]

[REDACTED]





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said she would call the Coroner's Bureau when the notification was made to [REDACTED] and when she figured out what would be done with funeral arrangements. (V3824)

About 2238 hours, Deputy MONAGHAN and I arrived at the Coroner's Bureau, and we processed CHAU into the morgue. I further examined CHAU's extremities, and there was nothing abnormal to note. I took intake photographs. I placed the ligature into a bag marked with the coroner's case number. I attached CHAU's admit blood, from Alta Bates, to his foot. (V3824)

On Wednesday, June 4, 2014, Pathologist Doctor Judy MELINEK performed a full autopsy on CHAU. The cause of death was deferred due to toxicology. (V3824)

On Tuesday, June 12, 2014, about 1430 hours, CHAU's remains were released to a representative of Grant Miller – John Cox Mortuary, Daren CARTER. The release was authorized by [REDACTED] via a signed consent form. The release was approved by Deputy LORENZANA and processed by Technician GURBAUGH. (V3824)

On Tuesday, October 14, 2014, I received and reviewed CHAU's toxicology report. There were no drugs or alcohol detected in CHAU's blood samples. I also received and reviewed CHAU's autopsy protocol. Doctor MELINEK listed multiple health findings. Doctor MELINEK gave the cause of death as hanging. (V3824)

**Findings:**

On Tuesday, October 14, 2014, I reviewed CHAU's case to determine a manner of death. Based on the police report, witness statements, cause of death given by Doctor MELINEK, and the fact CHAU was alone in a cell with no one having access to him, I determine CHAU's death to be a suicide. (V3824)

**Supervisor Review:**

On October 15, 2014, I (Sergeant P. Wilson) reviewed this case for closure. I agree with the findings and consider this case closed. (PW#1494)

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480 4<sup>th</sup> Street, Oakland, CA 94607-3829



Gregory J. Ahern, Sheriff

Director of Emergency Services  
Coroner - Marshal

## M E M O R A N D U M

DATE: June 4, 2014  
FROM: Judy Melinek, M.D.  
TO: Case File 2014-01659  
SUBJECT: AUTOPSY PROTOCOL

Autopsy performed upon the body of Duoc Van Chau at the Coroner's Bureau, 480 4th Street, Oakland, California, on June 4, 2014, at 9:30 a.m.

### AUTOPSY FINDINGS

#### I. HANGING:

- A. LIGATURE FURROW ENCIRCLES NECK, ELEVATES TO BEHIND LEFT EAR
- B. STERNOTHYROID HEMORRHAGE
- C. THYROID PETECHIAE
- D. INTRAMUSCULAR HEMORRHAGE AND TEETH INDENTATIONS, TONGUE
- E. STATUS POST CARDIOPULMONARY RESUSCITATION WITH:
  - 1. BILATERAL ANTERIOR FOURTH AND FIFTH RIB FRACTURES WITH SCANT HEMORRHAGE
  - 2. TERMINAL ASPIRATION
- F. SHIRT LIGATURE RECEIVED AND SUBMITTED TO EVIDENCE.

#### II. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE:

- A. 30% TO 50% LEFT ANTERIOR DESCENDING CORONARY ARTERY ATHEROSCLEROSIS.

#### III. RIGHT PLEURAL ADHESIONS.

#### IV. REMOTE LAPAROSCOPIC APPENDECTOMY.

CAUSE OF DEATH: HANGING.

cc: EMS  
District Attorney  
Investigations Bureau

Sheriff-Coroner  
Alameda County

Body of DUOC VAN CHAU

1 **PRELIMINARY EXAMINATION:** The body is identified by a Coroner's  
2 label affixed to the left great toe, and a hospital label at the  
3 right wrist. There is a jail identification band encircling the  
4 right wrist and described "CHAU, DUOC PFN:0114AB6833." When  
5 first viewed, the decedent is unclad and accompanied by a  
6 plastic bag containing a torn and tied shirt ligature (described  
7 below). In the drying cabinet there are two green T-shirts  
8 (cut), one darker than the other; one cut red shirt; one cut red  
9 pants; white boxer underpants; and two gray socks. The body is  
10 accompanied by four vials of blood attached to the left toe.  
11 Brown paper bags encircle the hands. The clothing and T-shirt  
12 ligature are retained as evidence.

13  
14 **EXTERNAL EXAMINATION:** The body is of a well developed, well  
15 nourished adult Asian man whose appearance is consistent with  
16 the reported age of 38 years. The body is warm centrally and  
17 cold peripherally. Rigor mortis is marked at the shoulders.  
18 Unfixed purple livor mortis extends over the posterior surfaces  
19 of the body, and the head and neck above the clavicles, except  
20 in areas exposed to pressure.

21  
22 The face is remarkable for evidence of superficial injury, as  
23 mentioned below. The head is otherwise atraumatic, symmetric,

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Body of DUOC VAN CHAU

24 and normocephalic. The scalp has 1/16 inch punctate red  
25 abrasions associated with a shaved scalp. The eyelids are  
26 atraumatic, intact, and unremarkable. The irides are brown.  
27 The pupils are bilaterally equal at 0.4 cm. The corneas are  
28 slightly clouded. The sclerae and conjunctivae are  
29 unremarkable, without petechiae or hemorrhages. No petechial  
30 hemorrhages are identified on the palpebral conjunctivae, bulbar  
31 conjunctivae, facial skin or oral mucosa. The nose and ears are  
32 not unusual. The decedent has slight stubble in a mustache and  
33 beard distribution. The teeth are natural and in good  
34 condition.

35  
36 The neck is remarkable for evidence of injury, as mentioned  
37 below. The trachea is palpable and midline. The thorax is well  
38 developed and symmetrical. The abdomen is flat. The anus and  
39 back are unremarkable, except as mentioned under "EVIDENCE OF  
40 INJURY." The penis is circumcised. The testes are bilaterally  
41 descended in the scrotum. The upper and lower extremities are  
42 well developed and symmetrical, without absence of digits.  
43 There is no clubbing or edema. There is hyperkeratosis of the  
44 bilateral small toenails, consistent with onychomycosis.

45



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Body of DUOC VAN CHAU

46 **EVIDENCE OF MEDICAL THERAPY:** Evidence of acute medical therapy  
47 includes an endotracheal tube and orogastric tube (properly  
48 positioned on internal examination); a Foley catheter with scant  
49 urine; electrocardiogram patches on the chest, abdomen, and  
50 upper extremities; defibrillator patches on the chest; a  
51 cervical collar encircling the neck; and single-lumen  
52 intravenous catheters at each antecubital fossa. Injuries  
53 associated with resuscitation include multiple red abrasions  
54 including: three parallel linear red abrasions at the inner left  
55 chest, a 3/8 inch tan and red abrasion at the left parasternal  
56 area, above a 1 by 3/8 inch red abrasion of the inner mid left  
57 parasternal area, above a 1-1/4 and 3/4 inch aggregate of dry  
58 and red abrasions (all corresponding to defibrillator patch  
59 marks). Additionally, there are a 2 by 3-1/2 inch "L"-shaped  
60 abrasion at the inner upper right chest and a horizontally  
61 oriented linear red abrasion on the back associated with  
62 lividity, corresponding to intravenous catheter tubing that ran  
63 along the back. On internal examination there are bilateral  
64 fourth and fifth parasternal rib fractures with scant  
65 epimediastinal hemorrhage. There is no subjacent organ injury.

66  
67 **IDENTIFYING MARKS AND SCARS:** A 1 inch vertical linear well-  
68 healed scar extends from the umbilicus to the lower abdomen. A

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Body of DUOC VAN CHAU

69 2 by 1/2 inch, diagonally oriented, elongated scar is at the  
70 outer right knee. Additional identifying marks and scars are  
71 not readily identified.

72

73 **EVIDENCE OF INJURY:**

74 **Hanging:**

75 A ligature furrow partially surrounds the neck. It ranges from  
76 1/2 to 1 inch wide. At the front of the neck, it goes  
77 horizontally and measures 1/2 inch. At the left side of the  
78 neck, it measures 1 inch and elevates towards behind the left  
79 ear. At the right side of the neck, it measures 3/4 inch. At  
80 the front and left of the neck, the furrow has cross striations  
81 in a pattern consistent with folded fabric.

82  
83 Accompanying the body is a green T-shirt ligature which is  
84 partially torn and has a double knot at its center, with two cut  
85 ends. When the cut ends are re-approximated, the diameter of  
86 the ligature is approximately 5 inches.

87  
88 Internally, there are no fractures of the hyoid, thyroid,  
89 cricoid cartilages or vertebrae, but there is a 1 by 4 cm  
90 horizontally oriented band-like hemorrhage at the sternothyroid  
91 muscles, situated 1.5 cm below the thyroid prominence. On

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Body of DUOC VAN CHAU

92 internal examination of the thyroid, there are petechiae  
93 subjacent to this band-like hemorrhage, but no thyroid fracture.  
94 There is gastric content in the trachea with partial obstruction  
95 surrounding the endotracheal tube. The tongue has bilateral  
96 indentations corresponding to the teeth, and on cut section has  
97 a 2 cm left-sided intramuscular hemorrhage.

98  
99 The injuries above, having been described once, will not be  
100 repeated.

101  
102 INTERNAL EXAMINATION: The body is opened in the usual manner  
103 with a Y-shaped incision. There are loose right superior and  
104 posterior pleural adhesions. No other adhesions or abnormal  
105 collections of fluid are in any of the body cavities. All body  
106 organs are in normal and anatomic position. The serous surfaces  
107 are smooth and glistening. The subcutaneous fat measures 3/8  
108 inch in maximum thickness at the level of the umbilicus. There  
109 is diffuse visceral congestion.

110  
111 HEAD AND CENTRAL NERVOUS SYSTEM: Reflection of the scalp shows  
112 the usual scattered reflection petechiae. The calvarium is  
113 intact. The brain weighs 1,370 grams. The dura mater and falx  
114 cerebri are unremarkable and the leptomeninges are thin and

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Body of DUOC VAN CHAU

115 delicate. The cerebral hemispheres are symmetrical. The  
116 structures at the base of the brain, including cranial nerves  
117 and blood vessels, are free of abnormality.

118  
119 Sections through the cerebral hemispheres reveal no lesions  
120 within the cortex, subcortical white matter or deep parenchyma  
121 of either hemisphere. The cerebral ventricles are of normal  
122 caliber. Sections through the brain stem and cerebellum are  
123 unremarkable. The first portion of the spinal cord, viewed  
124 through the foramen magnum, is unremarkable.

125  
126 **NECK:** The neck is dissected after the thoracoabdominal and  
127 cranial contents are removed. Examination of the soft tissues  
128 of the neck, including large vessels and strap muscles, reveals  
129 no additional abnormalities. The superficial and deep muscles  
130 of the neck are firm, red-brown, intact, and otherwise  
131 unremarkable without additional hemorrhage or laceration. The  
132 hyoid bone and larynx are intact. The tongue is otherwise  
133 normal.

134  
135 **CARDIOVASCULAR SYSTEM:** The heart weighs 340 grams. The  
136 epicardial surfaces are smooth, glistening, and unremarkable.  
137 The coronary arteries arise normally and follow the distribution

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Body of DUOC VAN CHAU

138 of a right dominant pattern with 50% atherosclerosis of the  
139 proximal left anterior descending coronary artery and 30%  
140 midlevel stenosis of the left anterior descending coronary  
141 artery and no other significant atherosclerosis. The chambers  
142 and valves bear the usual size/position relationship, are  
143 morphologically normal and are unremarkable. The valves are  
144 free of vegetations. The myocardium is dark red-brown, firm,  
145 and unremarkable. The atrial and ventricular septa are intact  
146 and the septum and free walls are free of muscular bulges.  
147 There is no focal or regional fibrosis, erythema, pallor or  
148 softening. The left ventricle measures 1.5 cm and the right  
149 ventricle measures 0.5 cm in thickness as measured 1 cm below  
150 the respective atrioventricular valve annulus. The  
151 interventricular septum measures 1.5 cm in thickness. The aorta  
152 and its major branches arise normally and follow the usual  
153 course with no significant atherosclerosis. The orifices of the  
154 major aortic vascular branches are patent. The vena cava and  
155 its major tributaries return to the heart in the usual  
156 distribution and are unremarkable.

157

158 **RESPIRATORY SYSTEM:** The right and left lungs weigh 900 and 820  
159 grams, respectively. The upper and lower airways are patent and  
160 the mucosal surfaces are smooth, yellow-tan, and unremarkable.



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Body of DUOC VAN CHAU

161 The pleural surfaces are smooth, glistening, and unremarkable,  
162 except at the above-mentioned adhesions. The pulmonary  
163 parenchyma is red and the cut surfaces exude marked amounts of  
164 blood and frothy fluid. There are no masses, hemorrhages,  
165 consolidations, obstructions or destructive emphysema. The  
166 pulmonary arteries are normally developed and patent. There is  
167 no saddle embolus on *in situ* examination of the pulmonary trunk.

168  
169 **HEPATOBIILIARY SYSTEM:** The liver weighs 1,400 grams. The  
170 hepatic capsule is intact, smooth and glistening, covering red-  
171 brown parenchyma. The gallbladder contains approximately 10 ml  
172 of green, viscid bile without stones. The extrahepatic biliary  
173 tree appears to be patent.

174  
175 **HEMATOPOIETIC SYSTEM:** The spleen weighs 130 grams and has a  
176 smooth intact capsule covering red-purple, moderately firm  
177 parenchyma. The splenic white pulp is grossly unremarkable.  
178 The regional lymph nodes appear normal. The bone marrow (rib)  
179 is red-purple.

180  
181 **ENDOCRINE SYSTEM:** The pituitary gland is intact, normally  
182 developed, and is unremarkable without laceration, hemorrhage,  
183 or mass lesion. The thyroid gland is symmetric and unremarkable

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184 with a firm, red-brown, granular parenchyma and no cyst,  
185 hemorrhage, fibrosis, or mass lesion. The adrenal glands are  
186 normally situated and have soft, yellow cortices and soft, gray-  
187 brown medullae. The pancreas has a soft, tan parenchyma with a  
188 normal lobular architecture and no saponification, pseudocyst,  
189 neoplasm, fibrosis, hemorrhage, or mineralization.

190  
191 **GASTROINTESTINAL SYSTEM:** The esophagus is lined by gray-white,  
192 smooth mucosa, with some slight serosal hemorrhage associated  
193 with the orogastric tube in the distal esophagus. The gastric  
194 mucosa is arranged in the usual rugal folds, and the lumen  
195 contains approximately 200 ml of dark green fluid and the tip of  
196 the orogastric tube. There are no pill fragments or foreign  
197 bodies identified. The small and large bowels are unremarkable.  
198 The appendix is absent. The colon contains soft, green stool.

199  
200 **GENITOURINARY SYSTEM:** The right and left kidneys weigh 150 and  
201 170 grams, respectively. The renal capsules are smooth, thin,  
202 semitransparent, and strip with ease from the underlying,  
203 smooth, red-brown, firm, cortical surfaces. The cortices are of  
204 normal thickness and well-delineated from the medullary  
205 pyramids. The calyces, pelves, and ureters are unremarkable.  
206 The urinary bladder contains scant urine and the balloon tip of

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207 the Foley catheter. The mucosa is gray-tan and smooth. The  
208 bilaterally descended testes are unremarkable. The prostate is  
209 unremarkable.

210

211 **MUSCULOSKELETAL SYSTEM:** The skeleton is well developed and  
212 without deformity or osteoporosis. The vertebrae, clavicles,  
213 sternum, ribs, and pelvis are without fracture. The supporting  
214 musculature and soft tissues are not unusual. The firm, red-  
215 brown muscles are well hydrated and free of focal lesions. The  
216 cervical spinal column is stable on internal palpation.

217

218 **Spec. to Pathology:** Portions of all major organs are fixed in  
219 formalin and retained.

220

221 **Spec. to Histology:** None.

222

223 **Spec. to Toxicology:** Peripheral blood, central (heart, right  
224 ventricle) blood, antemortem blood, bile,  
225 brain, gastric contents, liver, urine  
226 (Foley plus bladder), and vitreous humor.

227

228 **Physicians Present:** Drs. Judy Melinek and Thomas Rogers.

229

**Case Name:**

Chau,

**TOXICOLOGY NUMBER:** CVT-14-7392

**Specimen Description:**

Duoc V.  
Hospital samples: 6 ml blood (2 vials) each labeled "Chau, Duoc; 2014-01659;  
06/04/2014; 59683093; 11/21/1975; (1 vial) 06/03/2014; 1730 hrs"

**Delivered by** Tricor

**Date** 05-Jun-14

**Received by** Bill Posey

**Date** 05-Jun-14

**Request:** Complete Drug Screen

**Agency Case #** 2014-01659

**Requesting Agency**

Alameda Co. Coroner's Office  
Attn: Acct's Payable  
480 4th Street  
Oakland CA 94607

**Report To**

Alameda Co. Coroner's Office  
Attn: Dr. Melinek  
480 4th Street  
Oakland CA 94607

**RESULTS**

Specimen: Hospital Blood/Plasma (Lt Green Top Vial-06/03/2014, 1730 hrs) Sample

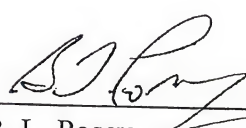
Plasma Alcohol Content:

Plasma Ethyl Alcohol = Negative

Specimen: Hospital Blood (Red Top Vial) Sample

Complete Drug Screen: No common acidic, neutral or basic drugs detected.

ENTERED  
06/23/14  
KMK#2003

  
B. L. Posey

June 12, 2014

**B.L. POSEY**  
**S.N. KIMBLE**  
Directors

1580 Tollhouse Road  
Clovis, California 93611  
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